



Federation of Families
of South Carolina

A voice for children's mental health in South Carolina.

Parent Peer Support Providers

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Outline

- ❖ History of Support Provider
- ❖ National Certification
- ❖ Core Competencies
- ❖ Parent Peer Support Roles
- ❖ Parent Peer Support Responsibilities



History



History of Parent Support Providers



- Special education legislation and program policies began mandating family involvement over 40 years ago.
- In 1985 the National Institute of Mental Health required states receiving the Child and Adolescent Service System Program grants to include family members in all phases of planning and implementation.
- Multiple grant programs followed suit with family and consumer involvement requirements.
- Children with special needs programs began hiring parents as employees in 1988.

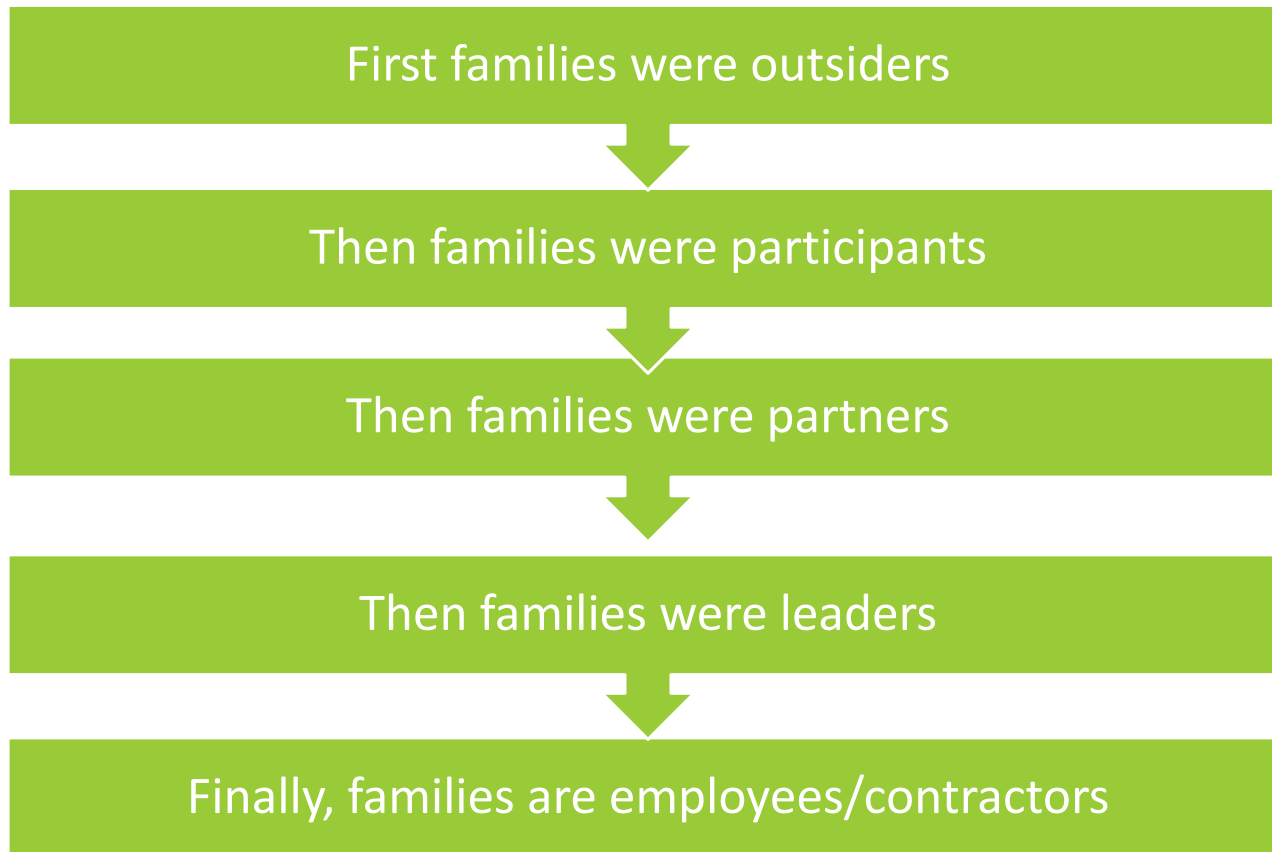


History, continued

- Children's mental health programs followed with positions intended to serve as peer to peer support.
- By the turn of the century family positions were being formalized with titles, job descriptions, and pay grades.
- The National Federation settled on the term Parent Support Providers, which was a compromise title and intended to be generic.



Family Involvement Growth Process





Parent Support Providers

Core Principle and Definition

- The Parent Support Provider is a peer of the parent that is being supported. Their relationship is based on the sharing of their own parenting or “lived experience”.
- For purposes of certification in the field of parent support in children’s mental health, “parent” in “parent support” means:

A person who is parenting or has parented a child experiencing emotional, behavioral or mental health disorders and can articulate the understanding of their experience with another parent or family member. This person may be a birth parent, adoptive parent, family member standing in for an absent parent or a person chosen by the family or youth to have the role of parent.



Parent Support Provider Service Definition

- ▶ The focus of the service is on empowering parents and caregivers to parent and advocate for their child/youth with emotional, mental or behavioral health related disorders or challenges
- ▶ The scope of the service involves assisting and supporting family members to navigate through multiple agencies and human service systems (e.g. basic needs, health, behavioral health, education, social services, etc).
- ▶ It is strength-based and established on mutual learning from common lived experience and coaching that
 - promotes wellness, trust and hope
 - increases communication and informed decision making and self-determination
 - identifies and develops advocacy skills
 - increases access to community resources and the use of formal and natural supports
 - reduces the isolation that family members experience and the stigma of emotional, behavioral and mental health disorders



We know that families...

- Often trust one another more than the system;
- Are driven by experiences and a passion;
- Feel ownership through involvement;
- Are easier to work with as partners;
- Can reduce demands on professionals;



And they say...

- Serve a reality check;
- Can validate perceived and real needs;
- Bring new perspectives to the table;
- Can advocate in ways that professionals cannot; and
- Can help inform professionals.

Evolving Standards for Support Providers





Why We Need Standardization

- Limitation in evidence that this is a valuable service;
- An inability to monitor and measure family support that is competent, of high quality, and accountable;
- A lack of recognition of the specialized knowledge, skills and abilities of family-to-family support providers; and
- Minimization of the potential for the Support Provider to emerge as an authentic profession with career ladder.



National Certification

The National Federation for Children's Mental Health collaborated with family organizations, researchers, and treatment providers to collect and organize information about the role of parent support services in Systems of Care and other settings. In August 2010, the National Federation began developing national certification for Parent Support Providers with the support of parents and parent support providers from all states, territories and Canada. The first certificates were awarded in June 2012.



The Foundation for Certification

Expert for each domain



Establish standards and expectations



Test development to measure competencies



Utilization of professional testing psychometric consultants



Establishment of passing scores



Why National Certification?

➤ National certification hopes to:

Ensure consistency of core knowledge;

Endorse continuing professional development and credibility;

Advance uniform standards and scope of practice;

Promote ethical practices;

Enhance consumer protection; and

Provide recognition of specialty certification, such as wraparound, youth-in-transition to adulthood, cognitive disabilities.



Certification Process

- Submit his/her credentials for review based upon clearly identified competencies, criteria, or standards.
- Pay \$50 process fee, \$300 once approved to take the exam
- Take an exam that measures competencies in key areas, called Domains.
- Certification is offered by a Commission according to standardized, qualifying markers.



Recertification Process

- Complete a contact form, with signature and date
- Submit documentation of 1000 hours of paid or unpaid related tasks
- Submit documentation of 44 contact hours of training within the past 3 years
- Sign the Code of Ethics, acknowledging good standing
- Submit the \$200 recertification fee





Domains of Competency

Ethics

Confidentiality

Effecting change

Currency on children's behavioral
health treatment and prevention
information

IDEA information

Communication

Parenting for resiliency

Advocacy in and across systems

Empowerment

Wellness and natural support



Ethics

- ▶ Cultural and linguistic competency
- ▶ Peer to peer principles (family-driven, youth-guided, consumer driven)
- ▶ Compliance with laws and regulations
- ▶ Duty to do no harm
- ▶ Responsibility to remain current in the field
- ▶ Responsibility as a certificant
- ▶ Principles of non-exploitation

Confidentiality

- ▶ HIPAA, IDEA, 42 CFR
- ▶ Inter agency protocols (ROI, MOA, MOU)
- ▶ Understanding conflict of interest
- ▶ Teaching family members about confidentiality
- ▶ Child/adult protection, juvenile justice and criminal prosecution related issues
- ▶ Duty to warn and domestic violence issues



Effecting Change

- ▶ Preparing adults for the decision-making process and behavior change
- ▶ Supporting opportunities for self-efficacy
- ▶ Using conflict and discrepancy for decision-making
- ▶ Finding and using psycho-educational material
- ▶ Use of support groups

Communication

- ▶ Understanding cultural/linguistic diversity
- ▶ Using distance communication technology
- ▶ Translating & assisting adults to communicate emotions
- ▶ Assisting adults with assertive communication
- ▶ Mediation techniques
- ▶ Informed and shared decision making

IDEA and Other Education Information

- ▶ Timelines, procedures and regulations
- ▶ Resources for parents
- ▶ Communicating written goals and outcomes
- ▶ Working with enforceable regulations
- ▶ Mediation
- ▶ Pre-teaching effective meeting skills to parents and youth

Currency on Children's Behavioral Health Prevention and Treatment

- ▶ Diagnoses and assessments
- ▶ Medication
- ▶ Treatment – EBP, PBE and other practices
- ▶ Finding and summarizing research and published literature
- ▶ Addressing complex health information



Parenting for Resiliency

- ▶ Identifying culture, family and individual values
- ▶ Physical and emotional development of children and youth
- ▶ Use of control, choices and consequences
- ▶ Shared decision-making
- ▶ Crisis planning and intervention
- ▶ Transition to adulthood skills

Advocacy in and Across Systems

- ▶ People-first, strength-based language and approach
- ▶ Understanding the mission and tasks of service systems for children
- ▶ Understanding funding streams of services
- ▶ Mediation techniques
- ▶ Organizational behavior and decision-making





Empowerment

- ▶ Implementation of consumer/family-driven and youth-guided approach
- ▶ Promotion of self-determination
- ▶ Teaching self-assessment and goal setting
- ▶ Understanding stigma
- ▶ Bridge building and group leadership
- ▶ Leadership development

Wellness and Natural Supports

- ▶ Crisis prevention and management for children and adults
- ▶ Self care and wellness planning
- ▶ Using spirituality and culture strengths
- ▶ Identifying family and community strengths
- ▶ Community organizing and problem solving



Certification Opportunities

Certified Parent Support ProviderTM

- Entry level
- Professional level
- Wraparound specialization
- Cognitive Disability specialization

Certified Parent Support Provider SupervisorTM

Certified Youth Support ProviderTM

Certified Youth Support Provider SupervisorTM

Parent Peer Support Provider Roles





Parent Peer Support Providers

- Ability to support other families in crisis
- Ability to be non-judgmental, confidential, and ethical
- Know the importance of mentoring and supervision
- Know how to advocate for families while empowering them to advocate for themselves
- Increase your knowledge of various disabilities
- Know how to use your own lived experiences to empower others without overshadowing their own experience; letting them make their own decisions



What Parent Peer Support Providers do

- They facilitate support groups and work one-on-one with individuals who use mental health services and in integrated health settings.
- They share their personal recovery stories and assist people in learning recovery skills and self-management skills for other chronic health conditions.
- They advocate with individuals for what they need.
- They provide support during crises.
- They are an equal part of the clinical team, although they do not provide clinical services.



Benefits of Parent Peer Support Provider Services to the Service Delivery System

- Peer provider services are recognized as evidenced based.
- They are creative, non-traditional, and beneficial to individuals using traditional services.
- The evidence of peer services in traditional settings can be effective or more effective than non-peer services. (Gates and Akabas, 2007)
- Empowerment, meaningful relationships, and opportunities to improve their lives are benefits to people engaged in these services.
- Recovery, resiliency and wellness are components of peer provider services.
- Peer providers serve as role models, modeling recovery to non-peer staff, families and peers receiving behavioral health services.
- Improved relationships with providers and social supports, increased satisfaction with the treatment experience overall.

Benefits of Parent Peer Provider Services to Individuals



- Reduced sense of isolation
- Reduced hospitalization and crisis services
- Improved quality of life and health
- Improved self-esteem
- The (re)discovery of hope
- The development of relationships of trust and mutual respect



Benefits to the Parent Peer Support Provider

- Healing benefits from role as helper
- Social support from non-peer co-workers and with the people they serve
- A sense of self-sufficiency and self-efficacy due to increased income
- Purpose to their lives through meaningful work
- Benefit of sharing their “lived experience” to help other families



Parent Peer Support Provider Roles

- Support of self-directed wellness and whole health care.
- Serve as a role model for families, youth, children, other staff members, and service providers.
- Share personal experiences to build a sense of common lived experience.
- Work with persons served to assist them in the development and implementation of an individualized and integrated support service or treatment plan.
- Develop a written plan with each person served that will meet their needs and goals.



Roles, continued

- Meet with individuals in their own homes, at designated offices and by phone as needed to ensure continued satisfaction and progress.
- Ensure full and unbiased access to a variety of services and service providers to meet their specific needs.
- Attend and participate in trainings.
- Recruit and enroll families or persons in need of services into the program.
- Facilitate meetings in collaboration with appropriate staff.



Roles, continued

- Work in collaboration with other staff and consultants to monitor, track and coordinate services.
- Collaborate with staff to facilitate transition.
- Advocate for families and their children and youth.
- Maintain records and document services in a timely manner.
- Attend support team meetings, staff meetings, staff trainings, collaboration and planning meetings.



Roles, continued

- Communicate in collaboration with the family with the other service agencies and other programs when relevant.
- Promote family and youth involvement in center-based services, home-based services and other program activities.
- Develop relationships with other community-based service providers targeting service populations and their families or significant others.

Parent Peer Support Provider Responsibilities





Responsibilities of the Support Provider

- Evaluate needs, increase skills, provide education and support, facilitate communication and complete documentation.
- Provide advocacy, support and referral service to families for their children and youth.
- Provide advocacy and in-home support services to ensure that they are properly supported through the process.
- Work directly with families and others in the community in order to promote, strengthen and to prevent harm.
- Serve as a role model and educate families about self self-help techniques and self-help group process, teach them effective coping strategies, assist them in clarifying their goals, and help them to develop support systems.



Challenges to Parent Peer Support Providers

- Non-peer staff attitudes towards peer workers and recovery – Some staff don't value "lived experience" or felt that because they were parents that they could serve as parent peer support providers; some thought that parent peer support providers were cheap labor and unable to handle the stress of working and that they "dumbed down" the professional staff. These attitudes foster stigma and discrimination in the workplace.
- Role transformation and conflict – One problem is that nonpayer staff would pathologize the behaviors of peer workers as symptoms of illness or relapse rather than typical work-related stress, which is a discriminatory practice stigmatizing peer workers.
- Lack of clarity about confidentiality – Non-peer perception that parent peer support providers should not have access to client records because they believed peers were less trustworthy and would share information with others.
- Peer jobs and salary range not well defined – How the peer provider position is integrated within the agency or hospital can cause success or failure for peer providers and their services. When they are not compensated at the same level as comparable non-peer jobs, when they lack clear performance standards and have no path for promotion, they are less likely to receive quality supervision and the positions will be seen as dead-end jobs. This is considered tokenism.
- Lack of support – Supervision is an important support to peer providers; when it's not taken seriously, peer providers can flounder. Peers need support as they transition to the new role of peer provider from that of recipient of services. They need both an internal and external support network.



Challenges, continued

- Finding qualified individuals – Many individuals want to be peer providers but they are not prepared. They do not have the necessary skills for the responsibility of the requirements of a Medicaid billable service, such as writing skills to document notes, organizational skills to meet documentation deadlines, or computer knowledge to use an electronic medical record.
- Criminal Background Checks – Some individuals in recovery who are qualified to be peer providers fail background checks and are not hired. More information is often needed regarding the fail background check: they may have been arrested but not convicted, convicted but not incarcerated, or convicted of a non-violent crime.
- Working at the agency where peer provider receives services – If an individual serves as a supervisor and a mental health provider to the same person, an unethical dual relationship is created that loses sight of appropriate boundaries.
- Ethics and Boundaries – Policy and practices regarding ethics and boundaries need to be clarified. Other professionals' codes of ethics do not apply to peer providers and the services they provide.



Other Names for a Support Provider

- Family Advocate
- Family Navigator
- Family Partner
- Family Support Partner
- Peer Advocate
- Peer Support Specialist
- Parent Partner
- Parent Peer Support Provider

Places to Seek Employment



Court Systems

Schools

Hospitals

Headstart

Family Services Organizations

Christian Family Services

Mental Health Centers

Public and Private Health Care
Providers

Department of Social Services

Department of Juvenile Justice

Insurance Agencies

Non-Profit Agencies



What works?

The outcome data from Kansas, New York, Alaska and Michigan, the use of Parent Support Providers

- decreases the number of missed appointments to clinics
- Increases attendance in school and graduation rate for children
- Decreases the use of “high end care” and long-term residential placement
- Increases the parent’s self-assessment of “practical knowledge” about resources and “care coordination”
- Decreases the parent’s stress level about parenting

Questions or Comments?



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